Direct entry now means no exit from the midwifery profession

Healthcare requires a flexible workforce – so direct entry midwives should not be denied opportunities to move to different areas of practice, says Stephanie Stevens

During the 1980s, direct entry midwifery was the subject of heated debate. On one side there was outrage that someone with no nursing background could be considered safe to practise as a midwife; others were eager to distance themselves from the medical model of childbirth.

Today, direct entry midwives are in the majority and rarely experience the prejudices that their predecessors faced. They also tend to stay in the job for much longer once qualified than their nurse midwife colleagues.

But why is this? If these midwives are remaining in a profession they love, that is good. However, if they are doing so because they are trapped with no career pathway outside midwifery, that is of no benefit to them, the profession and most importantly, the women they are caring for.

It would seem that midwifery distancing itself from the nursing profession has caused a problem. Midwives leave for many reasons – attrition is normal in any profession – and they have many skills that would be of use in other areas of healthcare. But where can the direct entry midwife go?

Some have tried to move into other areas of the NHS such as health visiting and sexual health nursing but, to work in these roles, they must maintain full midwifery registration. For many, this is impossible, and they have to return to midwifery or leave the NHS.

This is now having a wider impact, particularly in the recruitment of health visitors as, historically, many midwives migrated to this profession. While the Midwifery 2020 project (www.midwifery2020.org) is looking at education and career progression, this appears to be restricted to careers within midwifery.

In contrast, the Department of Health is spending a great deal of time and money in ensuring that there is a clear, transferable, career framework for nurses (DH, 2007; 2006).

It seems the debate around direct entry needs to start again – but with a new focus.

We have spent much time arguing over whether midwifery needs a medical or social model – but do women really mind as long as they are provided with the care and support they want?

Nurses also work with healthy, well women, in many areas, such as fertility clinics and family planning. They do not insist on being separated from the nursing label. They recognise that being under the umbrella of a nursing registration enhances their career prospects and simplifies their registration. And there is an element of nursing in midwifery.

It is ridiculous that some nurse trained midwives have to lose this part of their registration because midwifery work cannot be classified as nursing, while other practitioners such as health visitors need to show no evidence of practical nursing skills to maintain theirs.

The direct entry course is popular and there needs to be a way of either incorporating this training with a basic nursing qualification or offering a validated conversion course to allow these midwives to pursue a career in other nursing roles. Most midwifery students embarking on the direct entry route are passionate about the profession but is it right that they should then be denied the career pathway and progression that nurses have?

In today’s healthcare, which requires a flexible workforce with a breadth of knowledge, is there any place for an education system that produces a practitioner who can never make a transition to a new field of practice?

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